

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
6) 322-8097



October 24, 1979

ALL-COUNTY LETTER NO. 79-71 (IHSS)

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IHSS PAYROLLING SYSTEM, NOTIFICATION OF AWARD

REFERENCE:

The State Department of Social Services (SDSS) has been working on procurement of a payrolling system for all IHSS individual providers. A notice of contract award has been issued naming Electronic Data Systems (EDS) Federal as the successful competitor. EDS Federal submitted the lowest cost-effective proposal which met all RFP requirements. The contract period is operative from January 1, 1980 through June 30, 1982. The payrolling system will be operational in all 58 counties. Implementation efforts have begun and will involve county welfare participation. Each county will be contacted by EDS Federal in the near future and training will be provided on the payrolling system requirements. Mr. Jack Gaither has been named by EDS Federal as Program Director for this contract. Mr. David Smith, IHSS Systems Section Chief, will be the Project Director for SDSS.

Among the system's features is on-line direct data entry to a statewide master recipient-provider eligibility file. This feature provides instantaneous updates to the master file and easy entry of time-sheet data. Counties with large IHSS provider payroll transaction volumes (Alameda, Contra Costa, Sacramento, San Francisco, Santa Clara, Los Angeles, Orange, San Diego and Fresno) will have their own terminals for data entry. All other counties will send their hardcopy data to one of the two EDS Federal District Offices for direct entry into the master file. All counties will continually receive reports with current information on each recipient and provider.

With the information supplied by the counties, EDS Federal will assume the responsibility for issuing all IHSS individual provider payment checks, withholding the appropriate taxes, and filing the required tax returns and payments. Payments for services will be made in arrears twice monthly directly to the providers, except that severely impaired recipients who opt for advance payment will receive a check the first of each month. These recipients will then be responsible for paying the money to their provider(s) for services rendered.

Attached is a copy of the recipient-provider eligibility form that will be used to gather the data base information essential to the success of the payrolling system. Please review the form in order to present questions during your training, and to identify areas of information you presently do not have and need to develop.

Counties transitioning to the new payrolling system may suspend six-month reassessments for IHSS recipients during November and December to make available as much staff time as possible to create the county's master file. Because the system will be operational on January 1, 1980, all data base information needs to be entered into the system by December 21, 1979. Please notify your county consultant in writing if you elect to suspend reassessments. Counties will still be responsible for timely need assessments on new applications and upon request from current recipients.

Also attached is a county training schedule. Training will be in two parts: a one day seminar for management and supervisory staff and a one or two day workshop for staff who will be operating the system. If you have questions regarding the training please contact Karen Campbell of EDS Federal at (415) 445-5808.

To assist in implementation and ongoing efforts related to the payrolling system, please appoint one person in your county with overall coordinating responsibility. Please telephone the following information to Ms. Patti Hamilton (916) 322-8097 prior to October 29, 1979:

1. Name of the IHSS individual provider payroll system coordinator
2. Title
3. Mailing address
4. Phone number
5. Whether you presently pay recipients with individual providers in advance or arrears.

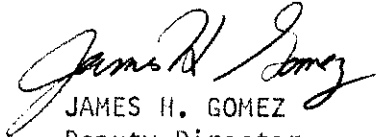
Monthly updates on progress of implementation will be provided through the CWDA Social Services Committee and IHSS Subcommittees. Additionally, information letters will be sent as necessary.

Questions regarding the IHSS individual provider payrolling system should be directed to:

David Smith, Chief
 IHSS Systems Section
 Department of Social Services
 744 P Street, Mail Station 5-126
 Sacramento, California 95814
 Phone (916) 322-8097

The payrolling system which will be installed by EDS Federal will greatly enhance management of the IHSS Program. Your cooperation over the next few months of system implementation will be appreciated.

Sincerely,



JAMES H. GOMEZ
Deputy Director

Attachments

BASIC PREMISE

The attached schedule depicts the proposed locations, participating counties, and presentation dates for the Management/Supervisor seminars and initial Clerical Workshops. (Follow-up training sessions will be conducted in each county throughout the month of December as needed).

TEAMS

E.D.S. staff will conduct seminars and workshops, simultaneously in Northern and Southern locations, in teams of three.

Northern Team

Rich Stouffer
Neerja Sharma
Karen Campbell

Southern Team

Andy McKennan
Tom Tague
Jean Harrison

SCHEDULE

Nine seminars/workshops conducted between Monday, November 5th and Friday, November 30.

MANAGEMENT/SUPERVISOR SEMINARS

Content

- System overview
- Review of input, input devices, output
- Clerical flow
- Implementation schedule
- Checkwrite schedules

Participants

- Non-clerical personnel with a need to know

E.D.S. FEDERAL CORPORATION - P.O. BOX 26050 - SAN FRANCISCO, CALIF. 94126

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. Duration

- 4 - 6 hours

CLERICAL WORKSHOPS

. Content

- System overview
- Clerical flow
- Input forms
- Input devise
- Output
- Checkwrite schedules

. Participants

- Personnel designated for direct involvement in the following tasks:
 - . Completion/Auditing of input
 - . Entry of input
 - . Inquiry adjudication through use of output

. Duration

- 6 to 8 hours

ILAS COUNTY TRAINING SCHEDULE

NORTHERN TEAM

<u>LOCATION</u>	<u>PARTICIPATING COUNTIES</u>	<u>DATE SEMINAR</u>	<u>DATE WORKSHOP</u>
San Francisco (EDS)	Marin Monterey Napa San Benito San Mateo Paper Santa Cruz Solano Sonoma	11-07-79	11-08-79
Shasta County (Redding)	Del Norte Humbolt Lassen Modoc Paper Shasta Siskiyou Tehama Trinity	11-13-79	11-14-79
Butte County (Oroville)	Butte Colusa Eldorado Glenn Lake Mendocino Paper Nevada Placer Plumas Sierra Sutter Yolo Yuba	11-15-79	11-16-79
San Francisco (EDS)	Alameda Contra Costa Sacramento CRT San Francisco Santa Clara	11-19-79	11-20-79 11-21-79
San Joaquin County (Stockton)	Amador Calaveras Madera Mariposa Merced San Joaquin Stanislaus Toulumme	11-27-79	11-28-79
Fresno County (Fresno)	Fresno CRT	11-29-79	11-30-79

IHSS COUNTY TRAINING SCHEDULE

SOUTHERN TEAM

<u>LOCATION</u>	<u>PARTICIPATING COUNTIES</u>	<u>DATE SEMINAR</u>	<u>DATE WORKSHOP</u>
Los Angeles County (Los Angeles)	Los Angeles Orange CRT San Diego	11-07-79	11-08-79 11-09-79
Kern County (Bakersfield)	Kern Kings Paper San Luis Obispo Santa Barbara Tulare	11-15-79	11-16-79
Riverside County (Riverside)	Imperial Riverside Paper San Bernardino Ventura	11-19-79	11-20-79
<u>CRT Training</u>		11-27-79	11-30-79
Los Angeles Santa Ana San Diego	Los Angeles Orange San Diego		

NORTHERN TEAM

*No Recipient Counties

. Alpine

*Unable to Travel

. Mono

. Inyo

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY - DEPARTMENT OF SOCIAL SERVICES
 IN-HOME SUPPORTIVE SERVICES
 RECIPIENT AND PROVIDER ELIGIBILITY
 UPDATE

RECIPIENT

1. NUMBER		
COUNTY	CASE NUMBER	CHECK DIGIT

2. AID CODE		3. ACTION A-C-D	
4. LAST NAME		FIRST	MI
5. SOCIAL SECURITY #		6. STATUS E-L-T	
7. STREET		8. CITY	
9. STATE		10. ZIP	
11. GUARDIAN'S NAME		12. SOCIAL WKR.	
13. CNTY OFFICE			
14. EDD NUMBER	15. BIRTH DATE M M D D Y Y	16. PHONE AREA	17. SEX M-F
18. ETHNIC CD.		19. COUNTY	

20. IDENTIFIER M M D D Y Y	21. ACT. A-C-D	22. BEG. DATE M M D D Y Y	23. END DATE M M D D Y Y	24. AMOUNT	25. HOURS	26. SHARE/COST	27. TYPE S-N	28. PAY OP P-R
	A-C-D						S-N	P-R
	A-C-D						S-N	P-R

PROVIDER

29. NUMBER

30. ACTION A-C-D	
31. LAST NAME	FIRST
32. NAME TYPE B-I	33. STATUS E-L-T
34. STREET	35. CITY
36. STATE	37. ZIP
38. SOCIAL SECURITY #	39. DED/EXEMPT W-X
40. PHONE AREA	

41. IDENTIFIER M M D D Y Y	42. ACT A-C-D	43. BEG. DATE M M D D Y Y	44. END DATE M M D D Y Y	45. FLAT GRANT	46. HOURS	47. SHARE/COST	48. RATE	49. TYPE G-H
	A-C-D							G-H
	A-C-D							G-H

COUNTY VALIDATION

50. AUTHORIZATION	51. DATE	52. REMARKS
53. VALIDATION	54. DATE	55. REMARKS